



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

State of Nevada

**AFFIDAVIT
TRUSTEE APPOINTMENT & POWERS**

County of _____)

APPLICATION FOR CERTIFICATE OF OWNERSHIP

I/We, _____

Trustee

_____, declare that I/we have been

Trustee

appointed as trustee(s) of _____
Name of Trust

and have the powers granted as trustee(s) to sign for the transfer of the described manufactured home.

Year: _____ Make: _____

Serial Number: _____

I/We the trustees, jointly and severally indemnify the Manufactured Housing Division, and hold the Manufactured Housing Division and the State of Nevada harmless from any liability on the account of the issuance of a Certificate of Ownership on said structure as aforesaid.

I/We hereby certify under penalty of perjury that the foregoing is true and correct.

Signature of Trustee

Signature of Trustee

ALL TRUSTEES MUST SIGN

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned Notary Public
this _____ of _____, 20____ by _____.

Notary Public